

HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

November 20, 2007

Karen Smith, Administrator 3656 N 2500 E Twin Falls, ID 83301

License #: RC-486

Dear Ms. Smith:

On August 20, 2007, a follow-up/revisit, state licensure survey was conducted at Northern Light Residential Care Facility. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, MSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

PWG

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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August 31, 2007

Karen Smith, Administrator Northern Light Residential Care Facility 3656 N 2500 E Twin Falls, ID 83301

Dear Ms. Smith:

On August 20, 2007, a follow-up visit to the state licensure survey survey of April 26, 2007, was conducted at Northern Light Residential Care Facility. The core issue deficiencies issued as a result of the April 26, 2007, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 19, 2007.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Community Care Program

JS/slc

c: Sue Harvey, RN, Program Manager, Regional Medicaid Services, Region V – DHW



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888



ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address Phone Number					
orthern highto 964 Blake St. N. Que) 17 nistrator City Slake St. N. ZiP Code		(200) 7:	34-3534			
α	City	ZIP Code				
Survey Team Leader		8330/ Survey Date				
	Survey Type	Survey Date				
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NON-CORE ISSUES						
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pas several blace	k & brown spots on the	anut				
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Chang-				16		
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Response Required Date Signature of Facility Representative			Date Signed			
9/30/04 Jun Sout	4		8-20-0	27_		



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Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 IIYII

ASSISTED LIVING
Non-Core Issues
Punch List

Facility	Name	0 . 1	Physical Address	Phone Number	
Mo	Mens	ights Residential Cars	city Blake St. North	208 734	- 3537
'Adminis	strator	b (City	ZIP Code	·
	Rayerx	mest	Survey Type Julie	8.330	/
Survey	Team Leader		Survey Type /	Survey Date	
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	-CORÉ ISSU	ES			
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9/5	0/07	Duun Much			8-20-07